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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Docket Number: 3213/104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <p style="margin: 0;">In re Application of: Martin et al.</p> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Application Number: 10/524,750</span> <span>Filed: August 13, 2003</span> </div> <p style="text-align: center; margin: 0;">For: BACTERIAL EFFECTOR PROTEINS WHICH INHIBIT PROGRAMMED CELL DEATH</p> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Group Art Unit: 1645</span> <span>Examiner: Mark Navarro</span> </div> |  |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) <span style="float: right;">\$ _____</span><br/> <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) <span style="float: right;">\$ _____</span><br/> <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) <span style="float: right;">\$ <u>555.00</u></span><br/> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) <span style="float: right;">\$ _____</span><br/> <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) <span style="float: right;">\$ _____</span> </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/> <input checked="" type="checkbox"/> attorney or agent of record.<br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.         </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center; width: 45%;"> <p>_____<br/>/Michael L. Goldman/<br/>Signature</p> <p>_____<br/>Michael L. Goldman<br/>Typed or printed name</p> </div> <div style="text-align: center; width: 45%;"> <p>_____<br/>July 27, 2010<br/>Date</p> <p>_____<br/>(585) 263-1304<br/>Telephone Number</p> </div> </div> <p style="font-size: x-small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

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